kevisea //11/00 - EK

INCIDENT REPORT FORM

Received by: Disp	atch # Incident #
Date Reported:	Time Reported:
Spill Incident/Release ☐ Citizen Complaint ☐	Emergency? ☐ Yes ☐ No Drill? ☐ Yes ☐ No
CALLER INFORMATION: Citizen Industry Other (i.e. Coast Guard):	☐ Anonymous Complaint ☐
Name/Company:	
Address:	
Is caller requesting a follow-up call? Yes \square No \square	Date of Caller Contact:
Telephone No.	Parish (of occurrence):
SITE INFORMATION:	
Company Name/ Alleged Violator:	Agency Interest # Other:
Location Address:	
Date of discharge if different from date report:	Time discharge noticed: Began Ended
Media Affected: Air ☐ Land ☐ Surface Water ☐	Ground Water Other
If water affected, name of nearest water body (Basin/Subsegment):_	
If air affected, note wind direction and weather conditions (if provide	ed):
DESCRIPTIO N OF RELEASE/SPILL/COMPLAINT:	
Product/material release and quantity (reported):	
Product/material released and quantity (actual):	
Description of release/complaint:	
How was spill contained? Offsite Impact?	
How was spill contained? Offsite Impact? How was spilled cleaned/remediated?	
DIRECTIONS FOR REACHING THE SITE:	
Investigator's Comments:	
Investigator s comments.	
Region Assigned:	
Investigator's Signature:	
Date Closed: Closed by: Si	
Referred to:	Date: Time: